

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) Provider Assessment Tool

If you answer any of the following questions in the affirmative, most likely your organization is impacted by HIPAA. Then, you will know that you are required to comply with the HIPAA Administrative Simplification regulations. We urge you to evaluate your operations carefully to determine how they will be impacted by HIPAA and begin implementation efforts in earnest.

1. Can your organization be considered a **COVERED ENTITY**?

COVERED ENTITY means:

- A health plan (e.g., HMO)
- A health care clearinghouse (e.g., billing service, community health management information system or community health information system)
- A health care provider (e.g., physician, psychologist, clinic, hospital) that transmits any health information in electronic form in connection with a transaction covered by HIPAA regulations. This includes providing mental health services, substance abuse treatment or habilitation and related services for persons with developmental disabilities.

NOTE 1: Transmission in electronic form includes by Internet, Intranets, leased lines, dial-up lines, private networks; and the physical movement of data on diskette, CD, magnetic tape, etc.

NOTE 2: Transactions covered by HIPAA include - Enrollment and Disenrollment in Health Plan; Referral Certification and Authorization; Health Claims or Equivalent Encounter Information; Health Claim Status Healthcare Payment and Remittance Advise; Coordination of Benefits; Eligibility for Health Plan; and Health Plan Premium Payments.

2. Can your organization be considered a **BUSINESS ASSOCIATE** of a covered entity?

BUSINESS ASSOCIATE means:

- Someone who performs a function on behalf of a covered entity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and re-pricing;
or
- Someone who provides legal, actuarial, accounting, consulting, data aggregation, management administrative, accreditation or financial services to or for a covered entity, that involves the use or disclosure of individually identifiable health information.

PROTECTED HEALTH INFORMATION, which is individually identifiable, means any information that is

- A. created or received by a health care provider, health plan, employer or health care clearinghouse; and
- B. relates to the physical or mental health or condition of an individual, the provision of health care to an individual or the payment for the provision of health care to an individual; and
- C. identifies or may be used to identify an individual

DATA ELEMENTS THAT MAKE HEALTH INFORMATION INDIVIDUALLY IDENTIFIABLE include name, address, employer, relatives' names, DOB, telephone and fax numbers, e-mail addresses, IP addresses, SSN, medical record number, member or account number, certificate/license number, voice/fingerprints, photos or other number, code or characteristics.

3. Does your organization regularly handle **PROTECTED HEALTH INFORMATION**?

4. Does your organization store or transmit **PROTECTED HEALTH INFORMATION** in an electronic form in connection with a standard transaction (e.g., health claims/encounters; payment and remittance advice, coordination of benefits; claims status, etc.)?

AM I AFFECTED BY HIPAA?

If you can answer “yes” to any of these questions, your organization may be impacted by HIPAA. You should contact your Executive Director, or legal counsel, to determine how your day-to-day operations may be impacted by HIPAA.

Disclaimer:

The Missouri Department of Mental Health does not give legal advice, nor allege any legal expertise. Information and advice provided should be accepted as general in nature to guide the Missouri Department of Mental Health and its facilities’ HIPAA Core Teams. Any and all other parties should consult professional counsel for specific legal advice.

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Ann Dirks-Linhorst, Privacy Officer, Missouri Department of Mental Health, by e-mail: HIPAA@mail.dmh.state.mo.us.